

City of Paso Robles / Department of Emergency Services
900 Park Street, Paso Robles, CA 93446
(805) 227-7560 / Fax: (805) 237-4138



Incident Report Request

To obtain a report, please complete this form. A \$15.00 check made payable to the "City of Paso Robles" must be included with the request.

NOTE: Medical information will not be released without a written request from the patient or a properly executed, court-ordered subpoena. The release authorization should be signed and dated by the patient and identify 1) the information requested and 2) the name, address, and institutional affiliation of the person to whom the information is to be disclosed.

PLEASE PRINT

Date: _____ Your Name: _____

Company: _____

Mailing Address: _____

Phone: _____ Fax: _____

Reason for Request: _____

Incident Date: _____ Incident # (if known): _____

Incident Location/Address: _____

Incident Type (fire, medical, etc.): _____

Person(s) Involved: _____

Other Info: _____

Requests are normally processed within 5 business days. If you need further assistance, call the Paso Robles Department of Emergency Services at (805) 227-7560.

For office use only:

Paid by Cash / Check

Amount: ☐ \$15.00

☐ Other:

Records sent via: Mail / Fax / Hand delivered

Date: _____

Initials: _____

Request ☐ Approved ☐ Denied

By: _____

Date: _____